



NOAA Aircraft Operations Center

PHYSICAL FITNESS AND WELLNESS PROMOTION PROGRAM AGREEMENT FORM

1. Employee Information:

Employee Name: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_\_

2. Employee Work Schedule:

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ RDO: \_\_\_\_\_ Alt RDO End Time: \_\_\_\_\_

3. Physical Fitness and Wellness Program: Limited to increments of up to 59 minutes per day, not to exceed 3 hours per week.

	Start Time	Finish Time	Fitness/Wellness Activity
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

4. Employee Acknowledgement:

I understand that the NOAA Aircraft Operations Center (AOC) Physical Fitness and Wellness Promotion Program Agreement is strictly voluntary.

I understand medical screenings are strongly encouraged prior to signing up for the program or before beginning any other exercise.

I understand all costs for medical screenings are my responsibility.

I understand that this program uses official time to allow for participation and as such, the rules of conduct concerning work time apply.

**I hereby agree to comply with all the rules and regulations governing my participation in the program as provided in this program and all other applicable statuses and regulations. If there are any changes to this agreement, a new agreement must be submitted with my supervisor's approval.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Supervisor:

Approved     Disapproved

Comments:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_